## FILING DATE SERIAL NO. **CLAIMS ONLY** APPLICANT(S) CLAIMS AFTER 2nd AMENDMENT AFTER AS FILED 1st AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. **(B)** TOTAL IND. \_1 TOTAL IND. \_1 TOTAL DEP. TOTAL TOTAL DEP.

TOTAL